

AMENDMENT TRANSMITTAL LETTER				Docket No. 1560-0439PUS1																																					
Application No. 10/550,895-Conf. #3722		Filing Date September 27, 2005		Examiner J. C. Leung																																					
Applicant(s): Katsuyoshi FUJIWARA et al.																																									
Invention: DATA TRANSMITTING APPARATUS																																									
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																									
Transmitted herewith is an amendment in the above-identified application.																																									
The fee has been calculated and is transmitted as shown below.																																									
CLAIMS AS AMENDED																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>0</td> <td>- 20 =</td> <td>0</td> <td>x 52.00</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>0</td> <td>- 3 =</td> <td>0</td> <td>x 220.00</td> <td>0.00</td> </tr> <tr> <td colspan="6">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6">Other fee (please specify): _____</td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td>0.00</td> </tr> </tbody> </table>						Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			Total Claims	0	- 20 =	0	x 52.00	0.00	Independent Claims	0	- 3 =	0	x 220.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify): _____						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
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TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00																																				
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																									
<input checked="" type="checkbox"/> No additional fee is required for this amendment.																																									
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																									
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.																																									
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																									
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.																																									
<input checked="" type="checkbox"/> Credit any overpayment.																																									
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																									
 Michael R. Cammarata (reg. #40,415) Attorney Reg. No.: 39,491																																									
Dated: <u>November 18, 2008</u>																																									
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